



UNITED STATES MARINE CORPS  
III MARINE EXPEDITIONARY FORCE, FMF  
UNIT 35605  
FPO AP 96606-5605

ForO 6220.1  
16

**27 DEC 2001**

FORCE ORDER 6220.1

From: Commanding General  
To: Distribution List

Subj: MEDICAL EVENT REPORTING IN III MARINE EXPEDITIONARY FORCE

Ref: (a) BUMEDINST 6220.12A

Encl: (1) Reportable Medical Event List  
(2) Minimal Medical Event Report Format  
(3) Minimal Outbreak Report Format

1. Purpose. To provide guidance for preparing and submitting Medical Event Reports (MERs). MERs are required to be submitted for the medical events listed in reference (a) and enclosure (1). This list includes selected communicable diseases, injuries, and exposures. All outbreaks should be reported.

2. Background. Medical event disease surveillance is particularly important in military populations where medical events can have mission-degrading effects. A successful communicable disease and injury control program depends on early notification of suspected or confirmed cases.

3. Responsibilities

a. Commanders, commanding officers, and officers in charge shall maintain an effective command medical event reporting program.


b. Unit senior medical department representatives shall ensure the submission of medical event reports according to the guidance of reference (a).

#### 4. Procedures

a. All III MEF units on Okinawa including Unit Deployment Program units (UDPs) shall use the format in enclosure (2) when reporting medical event reports. Suspected or confirmed outbreaks will be reported using the format in enclosure (3). All medical event reports on Okinawa will be sent to the Preventive Medicine Department, Epidemiology Division, Directorate of Community Health (DCH), USNH, Okinawa. The Epidemiology Division can be contacted by phone at 643-7622 or 7808, fax 643-7812, or e-mail: [epidept@oki10.med.navy.mil](mailto:epidept@oki10.med.navy.mil). Assistance in submitting Medical Event Reports and in preparing and conducting interviews can be obtained through the Epidemiology Division as needed. The reports will be compiled monthly and sent via the Naval Disease Reporting System (NDRS) to the Navy Environmental and Preventive Medicine Unit Number Six in Pearl Harbor, Hawaii. USNH, Okinawa will provide monthly medical event reports to III MEF with historical data from the previous 12 months.

b. All III MEF units on mainland Japan, Korea, and Hawaii shall submit their Medical Event Reports in accordance with reference (a) and guidance from the local military treatment facility, whether in garrison or on deployment.

c. During deployments to areas without United States military medical treatment facilities, units will follow the guidance of reference (a) and send medical event reports directly to the Navy Environmental and Preventive Medicine Unit for that geographic area. This would be the Navy Environmental and Preventive Medicine Unit Number Six in Pearl Harbor, Hawaii, for the CINCPAC AOR.

  
D. C. O'BRIEN  
Chief of Staff

DISTRIBUTION: List I/II

## REPORTABLE MEDICAL EVENTS LIST

## COMMUNICABLE DISEASES:

<u>Diagnosis</u>	<u>ICD-9 Code</u>
Amebiasis*	006
Anthrax*	022
Biological warfare agent exposure	E997.1
Botulism*	005.1
Brucellosis	023
Campylobacteriosis *	008.43
Carbon monoxide poisoning*	986
Chlamydia	099.41
Cholera	001
Coccidioidomycosis	114
Cryptosporidiosis*	136.8
Cyclospora*	007.8
Dengue fever (specify type)*	061
Diphtheria	032
E. Coli 0157:H7 infection *	008.09
Ehrlichiosis	083.8
Encephalitis (specify type)*	062
California subgroup	062.5
Eastern equine	062.2
Japanese	062.0
St. Louis	062.3
Filariasis (specify type)	125.0
Giardiasis	007.1
Gonorrhea	098
Haemophilus influenza, type b	038.41
Hantavirus infection (specify type)*	079.81
Hemorrhagic fever (specify type)*	065
(includes Lassa fever, Ebola & Marburg viral diseases, Crimean fever, and Arenaviral diseases)	
Hepatitis, A (acute, symptomatic only)	070.1
Hepatitis, B (acute, symptomatic only)	070.3
Hepatitis, C (acute, symptomatic only)	070.51
Influenza (confirmed)	487
Legionellosis*	482.8
Leishmaniasis (specify type)	085
Leprosy (Hansen's disease)	030
Leptospirosis*	100
Listeriosis	027.0
Lyme Disease	088.81

Enclosure (1)

<u>Diagnosis</u>	<u>ICD-9 Code</u>
Malaria (specify type)* <sup>1</sup>	
Malaria, falciparum	084.0
Malaria, malariae	084.2
Malaria, ovale	084.3
Malaria, unspecified	084.6
Malaria, vivax	084.1
Measles*	055
Meningitis (bacterial other than	
Meningococcus) *	320
Meningitis (aseptic, viral)	321.2
Meningococcal disease*	
Meningitis	036.0
Septicemia	036.2
Mumps	072
Onchocerciasis	125.
Pertussis*	033
Plague*	020
Pneumococcal pneumonia	481
Poliomyelitis*	045
Psittacosis (Ornithosis)	073
Q Fever*	083.0
Rabies, clinical human*	071
Relapsing fever	087
Rift Valley fever	066.3
Rocky Mountain spotted fever	082.0
Rubella*	056
Salmonellosis*	003
Schistosomiasis (specify type)	120
Shigellosis*	004
Smallpox*	050
Streptococcal disease, Group A	
Invasive	
(including necrotizing faciitis)	038.0
pneumonia	482.3
Rheumatic fever, acute	390
Syphilis-specify stage	
Syphilis, primary/secondary	091
Syphilis, latent	096
Syphilis, tertiary	095
Syphilis, congenital	090
Tetanus	037.0
Toxic shock syndrome	785.59
Trichinosis	124
Trypanosomiasis (specify type)	086

Enclosure (1)

<u>Diagnosis</u>	ICD - 9 Codes
Tuberculosis, pulmonary active (specify type)*	011
Tularemia*Typhoid fever*	002
Typhus (specify type)*	080
Urethritis (non gonococcal)	099.4
Varicella (Chicken pox, active duty only)	052
Yellow fever*	060
Any unusual condition not listed	799.8

## OCCUPATIONAL/ENVIRONMENTAL CONDITIONS:

Bites, rabies vaccine and human rabies immune globulin (HRIG) given	VO1.5
Bites, venomous animal	905.0
Chemical warfare agent exposure	989
Cold injuries (include outside temperature)	
Frostbite	991.3
Hypothermia	991.6
Immersion type	991.4
Unspecified	991.9
Heat injuries (specify type, include wet bulb globe temperature (WBGT) and dry bulb temperature)	
Heat exhaustion	992.3
Heat stroke	992.0
Lead poisoning	984
Occupational exposure to blood borne pathogens <sup>2</sup>	883.0
Vaccine related adverse event	979.9

## OUTBREAK OR SUSPECTED OUTBREAK SITUATIONS:

Food/Water associated illness*	005
Respiratory Illness	519.8
Any unusual clustering of disease or symptoms	799

\*Report within 24 hours.

<sup>1</sup>After local confirmation and in the absence of confirmation capability, forward smears to the nearest NAVENPVNTMEDU for confirmation following local interpretation.

<sup>2</sup>Including occupational exposure to HIV, hepatitis B and hepatitis C.

Enclosure (1)

MINIMAL MEDICAL EVENT REPORT FORMAT

1. Date:

Reporting Command:

POC:

Address:

Telephone (include commercial and DSN, as applicable):

E-mail:

2. Patient's Name:

3. Patient's work number:

4. Patient's DOB:

5. Patient's age:

6. Patient's race:

7. Patient's ethnicity:

8. Patient's symptoms:

9. Patient's treatment

10. Patient's FMP/SSN:

11. Patient's Branch of Service:

12. Patient's Command and Unit Identification Code (UIC):

13. Diagnosis (including ICD-9 code):

14. Diagnosis Suspected or Confirmed:

15. Date of Onset of Symptoms:

16. Disposition:

17. Did patient initiate Hepatitis B immunizations if have STD:

18. Contact info:

19. Comments (optional)

Note: Item 14. - If diagnosis was confirmed, state whether it was clinical or laboratory based.  
Item 16. - State category and duration of disposition, i.e., returned to full duty, sick in quarters, light duty, admitted, other.

Enclosure (2)

MINIMAL OUTBREAK REPORT FORMAT

Submit outbreak reports using the following format:

1. Dates of Outbreak:
2. Reporting Command and UIC:
3. POC:  
Address:  
Telephone (include commercial and DSN, as applicable)  
E-mail:
4. Report Status:
5. Diagnosis (including ICD-9 code):
6. Number of people affected:
7. Location of Outbreak:
8. Narrative:
  - a. How were cases defined?
  - b. If diagnosis confirmed, was it clinical or laboratory based?
  - c. Suspected/confirmed source of outbreak
  - d. Preventive measures taken?
  - e. Lessons learned?
  - f. Follow up?
9. Comments (optional):

Enclosure (3)